

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/830290

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/	/		
3		/	/	/		
4		0	/	/		
5		/	/	/		
6		/	/	/		
7		0	/	/		
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50						
TOTAL IND.	1		1			
TOTAL DEP.	8		11			
TOTAL CLAIMS	9		12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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